

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No.

CRD-0967

First Inventor

Stanko Bodnar, Gerard H. Llanos, Mark B. Roller, Angelo Scopelianos

Title

COATED MEDICAL DEVICES AND STERILIZATION THEREOF

Express Mail Label No.

EL457890565US

Only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

ADDRESS TO: Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.3. ☒ Specification [Total Pages 79]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113) [Total Sheets 19]

5. Oath or Declaration [Total Pages 4]

a. ☐ Newly executed (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)b. ☐ Specification Sequence Listing on:i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure Statement(IDS)/PTO-1449 ☐ Copies of IDS Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)16. ☐ Request and Certifications under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.17. ☐ Other18. ☒ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☒ Continuation-in-Part (CIP) of prior application No.: 09/675,882, filed September 29, 2000; 09/850,482, filed May 7, 2001 and 09/887,464, filed June 22, 2001.

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

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## 20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Carl J. Evens at:

Telephone: (732) 524-2518 Fax: (732) 524-2808

## 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Carl J. Evens

Reg. No. 33874

SIGNATURE



DATE

9/28/2002

**FEE TRANSMITTAL***Complete if Known*

Application Number	To Be Determined
Filing Date	September 28, 2001
First Named Inventor	Stanko Bodnar et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	CRD-0967

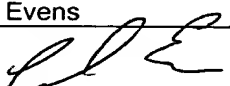
**FEE CALCULATION**

## CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	40 - 20 =	20	x 18.00	\$ 360.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$1,070.00

**METHOD OF PAYMENT**

- ☒ Please charge Deposit Account No. 10-0750/CRD-0967/CJE in the amount of \$1,070.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/CRD-0967/CJE. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>	
Typed or Printed Name	Carl J. Evens	Reg. No. 33,874	
Signature		Date: 9/28/01	<b>Deposit Account No. 10-0750</b>